

**Staff and Pensions Committee  
13 November 2012**

**Corporate Health, Safety and Wellbeing  
Annual Report 2011-12**

**Recommendation**

That the Staff and Pensions Committee comment on the Corporate Health, Safety and Wellbeing Annual Report 2011/12 (previously titled Health and Safety Annual Report); and endorse the proposed actions, Key Performance Indicator's (KPI's) and priorities recommended within it for 2012/13.

**1.0 Key issues**

1.1 This report provides an annual position statement on the management and performance of health and safety within the County Council; and summarises the health and safety activities within the Authority from 1st April 2011 to the 31st March 2012. The key issues outlined within this report are as follows:

- 1.1.1 Legislative changes nationally will impact on County Council.
- 1.1.2 There has been regulatory intervention against WCC.
- 1.1.3 The total number of reported accidents have decreased.
- 1.1.4 The top two reasons for management referrals to Occupational Health remains musculoskeletal problems and stress, depression, anxiety.
- 1.1.5 The Health, Safety and Wellbeing Service has restructured.

**2.0 Corporate Health, Safety & Wellbeing Annual Report 2011/12**

**2.1 Introduction**

The Corporate Health, Safety and Wellbeing Manager has compiled this report in order to provide an annual position statement on the management of health and safety within Warwickshire County Council (WCC).

Please note that an annual health and safety report for each Group has been prepared by the Group's Senior Health and Safety Advisor and submitted to the relevant Leadership Team for consideration. This report therefore provides the corporate position statement based on all Group information. For Group specific information, a copy of the individual reports will be provided by the Corporate Health, Safety & Wellbeing Manager upon request.

The Governments "Revitalising Health and Safety" strategy document requires all public bodies to summarise their health and safety performance plans in annual reports, and that Government (including local government) be exemplars of best health and safety practice.

## **2.2 Management of health and safety in WCC**

The Health and Safety at Work etc Act 1974 and The Management of Health and Safety at Work Regulations require employers to appoint competent persons to assist them with health and safety measures so as to ensure adequate, effective, and strong health and safety practice. Within WCC this is achieved in-house through the Corporate Health, Safety & Wellbeing Manager who is the competent lead on health and safety; and through the Senior Health and Safety Advisors for each Group and the collective Health, Safety and Wellbeing Service (see section 2.3.1 for further detail).

The appointment of health and safety competent persons does not absolve the employer from responsibilities under The Health and Safety at Work etc. Act 1974 and other statutory provisions. It does however; give added assurance that these responsibilities will be discharged adequately.

## **2.3 WCC Health, Safety and Wellbeing Service**

### **2.3.1 New Health, Safety and Wellbeing Service Structure**

Although the restructure of the Service is outside the time period of this report, the preparation and planning for it occurred within 2011/12. In June 2012 the Corporate Health, Safety and Wellbeing Service underwent a restructure in response to the organisational change(s) which included the change from Directorates to Groups and the services within those Groups.

The Service is managed by the Corporate Health, Safety and Wellbeing Manager, Ruth Pickering, who is the corporate competent lead for health and safety. The new structure enables a corporate approach to the provision of health, safety and wellbeing advice, support and guidance across WCC, and is a more resilient structure to the changing demands.

The restructure appointments are as follows:

- Senior Health and Safety Advisor, People Group – Mark Wills
- Senior Health and Safety Advisor, Communities Group – Sally Brandrick
- Senior Health and Safety Advisor, Resources Group – Mike Wood
- Staff Health, Safety and Wellbeing Advisor – Cherry Phillips
- Health and Safety Advisors - Rhea Whitehouse, Helen Coltman and Mushtaq Sheikh, who will work corporately across all Groups and support the Senior Health and Safety Advisors.
- Trainee Health and Safety Advisor – Charlotte Dee

The service includes the Staff Care Service (Jackie Hart, Staff Care Officer), County COSHH Officer (John Ferris, whereby COSHH stands for The Control of Substances Hazardous to Health Regulations), and administrative team (Karen Peters and Charlotte Hale).

Within Fire and Rescue (F&R), the health and safety team and line management remains unchanged (so that line management remains within F&R rather than with the Corporate Health, Safety and Wellbeing Manager). Regular communication, consultation and cooperation exists between the Corporate Health, Safety and Wellbeing Manager and F&R health and safety team.

### **2.3.2 WCC Health and Safety Management System updates 2011/12**

The following WCC Corporate Policies have been reviewed/revised or developed:

- Accident, Incident, Near Miss, Reporting, Recording and Investigation Policy (new Corporate Policy)– launched April 2011
- First Aid at Work Policy (new Corporate Policy) – launched June 2011
- Flexible Working Policy (revised Corporate Policy)– collaboratively developed by H&S with HR and ICT to merge our respective policies into one WCC Policy for flexible working – launched October 2011 (and supersedes the previous health and safety modern and flexible working policy)
- Safe Management of Contractors Policy (revised Corporate Policy)– launched March 2012

The following WCC Corporate guidance has been reviewed/revised or developed:

- New and Expectant Mothers Guide – revised and updated November 2011

What's new?

- Health, Safety and Wellbeing Service in conjunction with Learning and Development have procured and included the 'Tackling Work-Related Stress - A Manager's Role' training, and 'Developing Resilience' training sessions on the corporate training menu. This training is provided to support the WCC Management of Work-Related Stress and Wellbeing Policy. Both courses have been well attended and well received.
- Health, Safety and Wellbeing Service has reviewed and revised the 'Health and Safety for Managers' training course in response to the bi-annual health and safety audit findings relating to manager awareness of all of their health and safety roles and responsibilities within WCC. In addition, a refresher course has also been developed and now offered. Refresher period for in-house health and safety training has been set to 3 years.
- First Aid at Work training was added to the corporate training menu. The courses include first aid at work training, emergency first aid at work training, paediatric training and community first aid.

## **2.4 Summary of Developments During 2011/2012**

### **2.4.1 New Legislation During 2011/12**

The HSE implements legislative changes that arise from within the UK on only two dates each year, the 6<sup>th</sup> April and the 1<sup>st</sup> October.

In 2011/12 there was no new health and safety legislation that affected the undertakings of the County Council.

### **2.4.2 Update on current and forthcoming changes in legislation**

There has been changes in legislation which has come into force just outside the reporting period of this report but is worthy of mention due to its relevance to the County Council's activities. Changes are being initiated based on the findings and recommendations of a national review. The following sections provide an overview to the Government review and current changes.

#### **2.4.2.1 Government Review**

Lord Young published his report "Common Sense Common Safety" in October 2010 in response to the coalition Government's pledge to review and reform health and safety legislation.

The report focussed on ways to free businesses from unnecessary bureaucratic burdens arising out of health and safety regulation, the growing 'compensation culture' industry and the resulting fear for businesses in operating their health and safety policies.

The Government accepted all of Lord Young's recommendations and a range of government bodies have been involved in taking them forward. One of which included an independent and comprehensive review of UK's health and safety regulations which was to be led by Professor Löfstedt.

#### **2.4.2.2 Löfstedt report – 'Reclaiming Health and Safety For All'**

Employment Minister Chris Grayling commissioned the independent review in March 2011 and appointed Professor Ragnar Löfstedt - Director of the King's Centre for Risk Management at King's College, London - to chair it. Professor Löfstedt has made recommendations aimed at reducing the burden of unnecessary regulation on businesses while maintaining Britain's health and safety performance, which is among the best internationally. Such recommendations included the change in reporting times for lost time accidents (refer to section 2.4.2.3). The Government has accepted his recommendations.

HSE said it would meet the timetable set by the Government for implementing those recommendations for which it was responsible.

This will bring forthcoming changes to the UK health and safety regulatory framework for which the health and safety staff will monitor, review and implement as required for the undertakings of WCC.

#### **2.4.2.3 New legislation 2012**

##### Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 – amendment 6th April 2012.

As of 6 April 2012, RIDDOR's over-three-day injury reporting requirement has changed. The trigger point has increased from over three days' to over seven days' incapacitation (not counting the day on which the accident happened). Incapacitation means that the worker is absent or is unable to do work that they would reasonably be expected to do as part of their normal work. The health and safety staff will report these incidents and other relevant incidents to the HSE as required.

All employees must continue to report work related accidents, incidents, near misses and dangerous occurrences on the WCC accident recording database on lotus notes or on the hardcopy forms if there is no access to lotus notes. Managers must ensure that all of the necessary information is completed on the accident report form as appropriate.

##### Control of Asbestos Regulations 2012 – 6<sup>th</sup> April 2012

The Control of Asbestos Regulations 2012 came into force on 6 April 2012, updating previous asbestos regulations to take account of the European Commission's view that the UK had not fully implemented the EU Directive on exposure to asbestos (Directive 2009/148/EC).

In practice, the changes are fairly limited and mean that some types of non-licensed work with asbestos now have additional requirements, i.e. notification of work, medical surveillance and record keeping. All other requirements remain unchanged, e.g. relating to licensed work with asbestos, duty to manage, risk assessment, the asbestos control limit, control measures and training requirements.

Within WCC we have an Asbestos Management Policy and Procedures in place.

#### **2.4.2.4 Forthcoming changes 2012/13**

##### Health and Safety Cost Recovery Scheme, Fee For Intervention

The Health and Safety Executive (HSE) announced this year that they are going to go ahead with a 'health and safety cost recovery scheme'.

On 1 October 2012 the Health and Safety Executive's (HSE's) Fee for Intervention (FFI) Scheme came into effect giving them the ability to charge a business found to be in material breach of Health & Safety Legislation for their time in investigation and helping the business put things right.

This is at an hourly rate of £124 from the moment the inspector identifies a problem ('material breach') until it is resolved (costs are associated to investigation time, writing letters, taking enforcement action, etc). The costs therefore have the potential to escalate. There is no maximum! Within WCC there isn't a central budget for picking up these costs and they aren't covered by insurance. Therefore if WCC complies with health and safety laws in the first instance, we will not pay a fee.

### Corporate Manslaughter update

Under the Corporate Manslaughter and Corporate Homicide Act 2007, organisations can be found guilty of corporate manslaughter if the way in which their activities are "managed or organised" causes a death, and this amounts to a "gross breach" of a duty of care to the victim. A substantial part of the breach must have been in the way activities were managed by "senior management".

Although corporate manslaughter legislation is now five years old there have only been three UK companies to be found guilty of the offence to date. None of these cases involved a large organisation like WCC, so some aspects of the Act remain untested for larger organisations.

## **2.5 Health and Safety Performance during 2011/12**

### **2.5.1 Regulatory interventions**

#### **2.5.1.1 Regulatory interventions – Health & Safety Executive (HSE)**

##### WCC Provision and Use of Work Equipment Prosecution 2011

WCC has been prosecuted by the HSE after a self-employed heating contractor lost most of two fingers in poorly guarded machinery.

The prosecution is in relation to the October 2009 contractor accident at Shire Hall which was finally decided in December 2011 at Nuneaton Magistrates Court. WCC pleaded guilty to breaching Regulation 11 – Dangerous Parts of Machinery 11(1) of the Provision and Use of Work Equipment Regulations 1998 and was fined £7000 with costs of £5250 awarded to the HSE.

The actual costs to WCC include those hidden costs, such as external legal costs, WCC employee time for investigating the incident etc. The lessons learnt from this incident will be used to shape the WCC response to any similar incidents in the future.

The civil case remains on going.

#### Warwickshire Fire and Rescue Service – Atherstone on Stour Trial

The three Fire Officers were acquitted in June 2011 of the charges being brought against them.

The prosecution against WCC for health and safety breaches under the Health and Safety at Work etc Act is still pending.

#### **2.5.1.2 Regulatory interventions – Fire & Rescue Service enforcement officers**

The F&R Service enforce the Regulatory Reform (Fire Safety) Order 2005.

There have been no regulatory interventions within the Council from the Fire and Rescue Service for 2011/12.

#### **2.5.1.3 Police investigation and Coroner's Inquest outcome**

Following a serious accident in April 2010, whereby a customer who attended a Community Support Service Centre was taken to hospital following an accident in a vehicle, in which her wheelchair tipped back as it hadn't been fastened securely. Regrettably, the customer died in hospital in August 2010. The driver was fined in the Magistrates Court. The Coroner's inquest held in January 2012 recorded a verdict of accidental death and issued a Rule 43 report to WCC with a recommendation to consider two matters:

- The installation of an automatic detection system to indicate when a wheelchair user is not properly secured
- The provision of a cover for the top edge of the ramp sufficient that should a wheelchair fall backwards the neck of a wheelchair user would be protected

A response to Rule 43 has been sent to the Coroner by Transport Services in conjunction with Legal Services, and health and safety team on behalf of WCC.

The police will not be taking any further action against the Authority. A Critical Incident Review Meeting was established, chaired by a Head of Service and a number of improvements have been implemented to prevent further incidents.

#### **2.5.2 Performance against Key Performance Indicator's (KPI's) 2011/12**

The Corporate Health, Safety & Wellbeing Manager reviewed the previous health and safety targets and has replaced them with SMART Key Performance

Indicators (KPI's) that started in 2010/11. The Senior Health and Safety Advisors agreed to retain the same KPI's for 2011/12.

The corporate performance against the KPI's are as follows (please note that references to Directorates are stated as that was the structure at the time of the KPI agreement):

No.	Key Performance Indicators	Target 2011/12	Achieved 2011/12
1	Corporate Health, Safety & Wellbeing Manager to develop and implement an action plan to proactively control and manage WCC's top 5 causes of incidents* (as reported on WCC's accident reporting system by the 31 <sup>st</sup> March 2012).	<b>Action plan to be completed by August 2012 and included in the Corporate Annual Health and Safety Report</b>	<b>Refer to section 2.6.7 for targeted action and outcome.</b>
2	Health and Safety Staff must report all RIDDOR reportable incidents that have been notified to them to the HSE within the legislative timescales with copies of the F2508/ F2508A to the Corporate Health, Safety & Wellbeing Manager.	<b>100%</b>	<b>100%</b>
3	Managers and/ or Health and Safety Staff to investigate all RIDDOR reportable incidents.	<b>100%</b>	<b>100%</b>
4	Health and Safety Policy Group will write or review a minimum of 3 health and safety policies in accordance with the prioritised health and safety policy group GANTT by the 31 <sup>st</sup> March 2012.	<b>100%</b>	<b>100%</b>
5	Health and Safety Training Sub-Group to deliver a minimum of 8 WCC health and safety manager training sessions by the 31 <sup>st</sup> March 2012.	<b>100%</b>	<b>100%</b>
6	Health and Safety Training Sub-Group to deliver a minimum of 8 WCC risk assessment workshop sessions by the 31 <sup>st</sup> March 2012.	<b>100%</b>	<b>62.5% (8 were offered however only 5 delivered and 3 cancelled due to low numbers)</b>
7	Health and Safety Communication and Newsletter Sub-Group to produce and circulate health and safety newsletter at least 4 times a year by the 31 <sup>st</sup> March 2012.	<b>100%</b>	<b>100% -stress, accident reporting, slips &amp; trips, Christmas message</b>
8	Health and Safety Systems Sub-Group to review the efficacy of the existing health and safety systems at least annually with a report to the Corporate Health, Safety & Wellbeing Manager by the 31 <sup>st</sup> March 2012 <sup>^</sup> .	<b>100%</b>	<b>100%</b>
9	Managers and/ or Health and Safety Staff carry out workplace inspections at least annually or in accordance with the Health & Safety Workplace Inspection Policy.	<b>100%</b>	<b>Priority inspections undertaken for some premises only</b>



No.	Key Performance Indicators	Target 2011/12	Achieved 2011/12
10	Corporate Health, Safety & Wellbeing Manager and Directorate Health & Safety Officers (and Deputy Officers where competent) will undertake a cross-Directorate bi-annual audit in accordance with the Health & Safety Auditing Policy during April – July 2011	<b>100%</b>	<b>Yes – completed.</b>  <b>Auditing regime initiated in March 2011 and auditing activity undertaken as per the Policy during the months of April - July. Reports to GLT's were provided following July in some instances.</b>
11	Senior Health and Safety Advisors to produce their own Group Annual Health and Safety Report within the agreed corporate format.	<b>Report completed by the 30<sup>th</sup> June 2012</b>	<b>Yes</b>
12	Corporate Health, Safety & Wellbeing Manager to produce the Corporate Annual Health and Safety Report by compiling the required information from all Group Annual Health & Safety Reports for submission to Staff and Pensions Committee in November 2012	<b>Report completed by 18<sup>th</sup> October</b>	<b>Yes</b>

\* The action plan will be weighted towards the top 3 causes.

^ health and safety systems include accident reporting system and WorkRite.

### 2.5.3 Key Performance Indicator's (KPI's) 2012/13

The Health, Safety and Wellbeing Service KPI's have been reviewed and modified for 2012-13 in response to the service restructure and HR&OD business plans/ objectives.

No.	KPI	Target 2012/13	Achieved 2012/13
1	Corporate Health, Safety and Wellbeing Manager to meet objectives within the HR&OD business plan for 2012-13	100%	
2	Health and Safety Staff must report all RIDDOR reportable incidents that have been notified to them to the HSE within the legislative timescales with copies of the F2508/ F2508A to the Corporate Health, Safety & Wellbeing Manager.	100%	
3	Managers and/ or Health and Safety Staff to investigate all RIDDOR reportable incidents.	100%	
4	Health, Safety & Wellbeing Service will write or review a minimum of 3 health and safety policies in accordance with the prioritised health and safety policy group GANTT by the 31 <sup>st</sup> March 2013.	100%	
5	Health, Safety & Wellbeing Service to offer a minimum of 4 (one a quarter) WCC health and safety manager training sessions via the corporate training menu by the 31 <sup>st</sup> March 2013.	100%	
6	Health, Safety & Wellbeing Service to offer a minimum of 4 (one a quarter) WCC risk assessment workshop sessions via the corporate training menu by the 31 <sup>st</sup> March 2013.	100%	
7	Health, Safety & Wellbeing Service to produce and circulate health and safety newsletter at least 4 times a year by the 31 <sup>st</sup> March 2013.	100%	
8	Health, Safety and Wellbeing Service to implement recommendations as identified in internal audits health and safety report	100%	
9	Health, Safety and Wellbeing Service to review and revise WCC Workplace Inspection Policy by March 2013.	100%	
10	Health, Safety and Wellbeing Service to review and revise the 'draft' WCC Health and Safety Audit Policy by March 2013.	100%	
11	Senior Health and Safety Advisors to produce their own Group Annual Health and Safety Report within the agreed corporate format.	Report completed by the 30 <sup>th</sup> June 2013	
12	Corporate Health, Safety & Wellbeing Manager to produce the Corporate Annual Health and Safety Report by compiling the required information from all Group Annual Health & Safety Reports for submission to Staff and Pensions Committee in November 2013	Report completed by 18 <sup>th</sup> October 2013	Yes

## 2.6 Accident Statistics

### 2.6.1 Overview

There were a total of 1949 reported accidents across all four Groups. A breakdown of the total employee and non-employee (members of the public, service users, pupils, customers) accidents per Group are as follows:

Group	2007/08	2008/09	2009/10	2010/11	2011/12
People Group <sup>^</sup> - Children's services	1384	1272	1320	1565	1013
People Group <sup>^</sup> - Adult Services	325	344	313	359	573
Communities Group (previously Environment and Economy)	115	111	150	143	141
Fire & Rescue Group	58	57	61	54	57
Resources Group*	71	93	98	155	165
<b>Total</b>	<b>1953</b>	<b>1877</b>	<b>1942</b>	<b>2276</b>	<b>1949</b>

<sup>^</sup> The People Group figures have been split into adult and children services to provide comparative data. This will be a combined figure for future reports.

\* The figures for Resources Group for the previous years are the combined figures for CWG Directorate and Resources Directorate so as to provide some comparative data. The 2010/11 figure is higher than previous values due to new services joining the Group (such as, library service).

The noticeable reduction in accidents is within children services. This could be as a result of the schools transferring to academy status whereby WCC are no longer the employer and thus do not receive any of their accident reports. WCC also no longer receives employee accident reports for Voluntary Aided (VA), Foundation and Trust schools as WCC is not the employer (as the employer is the Governing Body for these categories of schools). This is in accordance with WCC Support and Intervention in Schools Policy (which details WCC's health and safety roles and responsibilities for the different categories of schools).

Year on year comparators are given below:

Year	Total number of accidents	% change
2006/07	2065	/
2007/08	1953	- 5%
2008/09	1877	- 4%
2009/10	1942	+ 3%
2010/11	2276	+ 17%
<b>2011/12</b>	<b>1949</b>	<b>- 16%</b>

There has been a 16% decrease in accidents compared to last year's figures.

Due to the diversity between one local authority and another local authority, it is difficult to benchmark with other similar authorities as 'like for like' does not exactly exist. However, benchmarking possibilities continue to be explored at the West Midlands Leaders Board (WMLB) health and safety group (which the Corporate Health, Safety & Wellbeing Manager attends on a quarterly basis).

## 2.6.2 Accident causation:

Accident statistics are recorded against the HSE categories. The commonest reason for accident reports for employees and non-employees, in ranked order, are:

1. Slips, trips and falls on the same level, n = 780 reports
2. Violent incidents (both physical/ verbal assault)\*, n = 272 reports
3. Hit by moving, flying, or falling object, n = 240 reports
4. Hit something fixed or stationary, n = 138 reports
5. Fall from height, n = 107 reports

\* This figure is the combined result for violent incidents and is inclusive of malicious and non-malicious assaults.

The top four commonest causes for accidents are the same top four categories as 2006/07, 2007/08, 2008/09, 2009/10, and 2010/11. In these previous years the top 5 included manual handling incidents (2011/12 n=71); this has therefore been replaced this year with 'falls from height'. The largest proportion of these incidents relate to the customers within the adult service sector within People Group (n=67). This is as a result of the Health, Safety and Wellbeing Service reviewing and raising awareness on 'Falls in Care Homes'. Statistics have been scrutinised to identify any trends regarding the cause, e.g. time of day, etc, and a specific investigation form has been provided to identify causes and to assist with the review of care plans. This increased awareness may have increased awareness to report and record these types of accidents compared to previous years.

The largest proportion of the slips, trips and falls on the level occurs in schools. A proportion of these incidents relate to slips and trips with no cause, there are others that relate to wet floors, food and liquid spillages and unsafe flooring e.g. broken paving slabs, pot holes and icy surfaces.

Acknowledging the statistics and incidents relating to slips, trips and falls, the Senior H&S Advisor for People Group produced guidance for schools designed for different categories of job roles. This guidance was sent to all LA maintained schools to raise awareness within schools by displaying the posters and enabling further discussion on the information given with staff.

The table below represents last year's top four kinds of accidents with this year's figure and the percentage change from last year's figure (reduction or increase):

Accident type	2010/11	2011/12	Previous year comparison	% change
Slips, trips and falls on the same level	830	780	-50	-6%
Violent incidents (both physical/ verbal assault)	248	272	+24	+10%
Hit by moving, flying, or falling object	413	240	-173	-72%
Hit something fixed or stationary	178	138	-40	-29%

There has been a reduction in the number of reported accidents overall, with a reduction in the number of 'slips, trips and falls on the same level', 'hit by moving, flying or falling object', and 'hit something fixed or stationary'. The largest reduction has been for 'hit by moving, flying, or falling objects'. There has been an increase in the number of reported violent incidents. Having reviewed the incident reports, this could be as a result of increased awareness to report violent incidents, and following the Health, Safety and Wellbeing Service pilot of the Hepatitis B risk assessment form which generated a noticeable increase in the number of accident reports received for incidents of bites and scratches to employees within the special schools.

Refer to section 2.6.7 for further commentary on the statistics.

### 2.6.3 Employee accident reports:

The number of accident reports for our employees only, are as follows:

Group	2010/11	2011/12
People Group - Children's Services	504	341
People Group - Adult Services	110	154
Communities Group (previously Environment and Economy)	59	54
Fire & Rescue Group	51	51
Resources Group	129	123
<b>Total</b>	<b>853</b>	<b>723</b>

Total number of employee accidents has decreased by 18%.

Of all our reported accidents 37.1% (n=723) relates to our employee incidents.

#### 2.6.4 HSE RIDDOR reportable incidents for employees:

Of the 723 employee accidents reported, a total of 121 were reported to the HSE on the F2508 form as required under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR).

The breakdown of the 121 RIDDOR reports per Directorate is as follows:

<b>Group</b>	<b>2007/ 08</b>	<b>2008/ 09</b>	<b>2009/ 10</b>	<b>2010/ 11</b>	<b>2011/ 12</b>
People Group - Children's Services	49	41	23	66	<b>24</b>
People Group - Adult Services	37	37	34	16	<b>6</b>
Communities Group (previously Environment and Economy)	8	10	3	2	<b>11</b>
Resources Group	10	16	16	16	<b>16</b>
Fire & Rescue Group	17	13	13	21	<b>21</b>
<b>Total</b>	<b>121</b>	<b>117</b>	<b>89</b>	<b>121</b>	<b>78</b>

There has been a 35.5% decrease in the number of employee accidents that were RIDDOR reportable to the HSE compared to the previous year. The noticeable decrease could be due to the reporting changes with schools.

#### 2.6.5 Non-employee accident reports

The following is a breakdown of non-employee accident reports for 2011/12:

<b>Group</b>	<b>Member of Public</b>	<b>Contractors</b>	<b>Customers/ Clients</b>	<b>Pupils</b>	<b>Youth Dev</b>	<b>Other</b>	<b>Total</b>
People Group - Children's services	18	6	13	632	n/a	8	677
People Group - Adult Services	8	0	409	n/a	n/a	2	419
Communities Group (previously Environment and Economy)	70	0	12	n/a	n/a	0	82
Resources Group	13	7	17	n/a	n/a	0	42
Fire & Rescue Group	2	2	0	n/a	2	0	6
<b>Total</b>	<b>111</b>	<b>15</b>	<b>451</b>	<b>632</b>	<b>2</b>	<b>10</b>	<b>1226</b>

Due to the variation in services being delivered across Groups, the non-employee categories also vary as do the number of incidents. The above table

does represent an overview of the non-employee incidents with a combined corporate total of 1226 (which is a reduction of n=186 incidents).

See section 2.6.7.

### 2.6.7 Concluding remark

It is worth noting that accident statistics are a reactive measure of incidents, injury, ill health and loss. They should not be used solely to measure health and safety performance of the organisation (this is because increased accident reports could be as an outcome of improved employee awareness about the fact they need to report incidents and near misses rather than the increase being due to increased health and safety failures. For example, the increase in the number of falls from height due to the 'Falls in Care Homes' campaign). The overall reduction in incidents could be as a result of changes in reporting arrangements within schools (such as schools changing to academy status) and due to the employee base reducing in some areas. Next year, the number of employee RIDDOR's is expected to reduce slightly as a result of the change in reporting time for lost time accidents (refer to section 2.4.2.3)

Health, Safety and Wellbeing Service has targeted the main causes of incidents within the relevant areas (as required by a KPI's, refer to section 2.5.2). For example, slips, trips and falls information has been provided to schools following HSE guidance, fall from height information has been provided to care homes with regard to customer safety, and behavioural observations have started in catering establishments with the aim to identify incident causation and thus reduce incidents. Focused work on the risk of blood borne viruses has been initiated within special schools with regard to the prevention and management of Hep B risks (which has generated an increase in the number of physical assaults reported due to the requirement to record incidents of scratches and bites). Through the launch of the new Accident, Incident, Near Miss, Reporting, Recording and Investigation Policy, general awareness to report incidents that happen 'out of or in connection with work' was provided corporately.

Corporately we encourage accident reporting so that we can prevent a recurrence through the investigation and action planning process. The investigation is undertaken by managers and is necessary for identifying root causes and identifying action to prevent a recurrence locally. These figures combined can give us an overview of where the Group/ Corporate efforts/ initiatives can be targeted.

Currently, as a consequence of the organisational changes, employee roles and responsibilities may be changing and their location of work may change. Unless these are adequately planned for, unmanaged health and safety hazards/risks can be introduced. WCC therefore must remind managers to undertake risk assessments for any changes in activities and premises, and that advice can be sought from the Health, safety and Wellbeing Service; otherwise WCC may see an increase next year in accident/incidents as a result. To assist with the planning stage for property moves, the Health, Safety and Wellbeing Service

have been liaising with the Property Rationalisation Team (PRT) and advise the PRT team and managers accordingly.

## 2.7 Staff Survey Results

The staff survey was not undertaken within the 2011/12 period. It was undertaken between June – July 2012. The review and analysis of the results is still being undertaken; however, the WCC ‘snap-shot’ response for ‘Health and Safety is taken seriously in the County Council’ came out at 83.4%. This means that 83.4% of respondents believe that WCC takes health and safety seriously. This is a slight decrease of 0.6% from two years prior.

This is encouraging due to the organisational changes that are occurring. As part of the change management process, health and safety consideration is an essential element of the planning stage.

% of respondent across the Council – over last 4 years				
2007	2008	2009	2010	2012
81%	83%	84%	84%	83.4%

As yet, we do not have the figure broken down for the individual Groups.

## 2.8 Auditing activity

The County Council's health and safety management system is HS(G) 65 as recommended by the HSE, ‘Successful health and safety management’. This provides a clear management system that is widely used by employers, including other local authorities.

As like any other management system, HS(G) 65 requires auditing activity to take place. The previous cross-directorate auditing regime occurred April – Sept 2011. The next bi-annual audit is therefore due to commence in 2013.

As a result of the organisational change and feedback from the previous audit, the Health, Safety and Wellbeing Service are going to review the current regime to ensure its efficacy for auditing in 2013. Amendments will be made as necessary and endorsement sought from the County Councils Health and Safety Champion.

## 2.9 Display Screen Equipment (workstation) assessments

The AssessRite System was introduced in 2005 following an audit by the HSE. This system was introduced to ensure that the County Council could meet the legal obligation under the Health and Safety (Display Screen Equipment) Regulations.



The WCC Display Screen Equipment (DSE) Policy is currently under review. AssessRite will also be reviewed as part of this process. Any updates and changes will be communicated to staff.

- 2.9.1 DSE workstation assessment requests to the Health, Safety and Wellbeing Service has increased since the introduction of the Property Rationalisation Project (PRP). Health and Safety do and will continue to advise managers and employees in conjunction with the PRP team.

## **2.10 Health and Safety Training**

All Senior Health and Safety Advisors have been involved in the planning and delivery of various health and safety courses within their respective Group. The mandatory health and safety training course for managers, and the mandatory risk assessment course, have been reviewed with the revised courses now being delivered. Other specific health and safety training (such as manual handling, first aid, personal safety, managing employee stress, etc...) is being carried out within each Group based on the service area/ team/ employee requirements.

The Health, Safety and Wellbeing Service has started to review all of the health and safety training being delivered in WCC, so that we can identify a corporate, consistent and standardised provision of health and safety training for WCC employees in accordance with the WCC Health and Safety Policy. The First Aid at Work training provision was the first session to be reviewed and provided corporately, followed by the Tackling Work-Related Stress – A Manager's Role, and Developing Resilience courses. Working at Height training followed shortly after.

## **2.11 Occupational Health & Wellbeing**

HR&OD capture, review and monitor sickness absence statistics and undertake focused work on the top four reasons of absence. For information on sickness absence and proactive focused work, reference should be made to the HR&OD Employee Sickness Management Report 2011/12 that is being tabled at the same Staff and Pensions Committee.

### **2.11.1 Health, Safety and Wellbeing Service**

As part of the team restructure, the Health, Safety and Wellbeing Service has re-titled a post to include wellbeing in addition to health and safety. The post holder is therefore the 'Staff Health, Safety and Wellbeing Advisor', and the main purpose of the role is to focus on those areas of occupational health risk. Within WCC and the work activities we undertake, these occupational health risks can include musculoskeletal problems, exposure to noise (as specified in the Noise at

Work Regulations), work-related stress, hazardous substances, etc. The post holder therefore still requires health and safety knowledge, understanding and competency.

The post holder will also be a primary contact with Occupational Health, and will advise on the organisational training requirements for health and wellbeing within the workplace. The post holder will obviously work closely with the Corporate Health, Safety and Wellbeing Manager and with the Senior H&S Advisor for each Group; and will work with other teams within HR & OD as necessary (such as with the HR Business Partners, Learning and Development and HR Advisors).

This change to post title and remit only commenced in June 2012 so action planning is currently within the early stages.

### 2.11.2 Updates

The 'Your Wellbeing' and 'Staff Care' intranet pages continue to be reviewed, revised and utilised as a platform to provide relevant/ timely information and resource for staff. For example, the site includes a link to the NHS Choices website as well as to other sources of up to date and reliable services/information. Promotion of relevant national wellbeing days are also communicated, such as 'No Smoking Day', 'National Stress Awareness Day' and 'National Mental Health Day'. This information is coupled with WCC information (such as Policy reminders). Currently the Corporate Health, Safety & Wellbeing Manager is in early discussions with Warwickshire PCT's Health Development Manager for Mental Health and Wellbeing. This will enable WCC and Public Health to provide a consistent approach to the national and regional health and wellbeing agenda for staff and citizens.

In response to occupational health risk for stress, and the corporate change agenda, two new courses have been added to the corporate training menu. They are: 1) Tackling Work-Related Stress – A Manager's Role; and 2) Developing Resilience – Facing the Future with confidence. The managers training focuses on the legislative, business and moral reasons for managing stress and covers the implementation of the WCC Management of Work-Related Stress and Wellbeing Policy, the accompany managers guide, stress risk assessment forms and return-to-work checklist. The employee resilience course focuses on personal resilience and the ability of an individual to sustain high performance and positive wellbeing in the face of adverse conditions, and to recover from or adjust to changes. The aim of which, is to develop resilience and maintain commitment and performance in a changing environment. Both courses have been well attended and well received, and will continue to be promoted by the Health, Safety and Wellbeing Service.

At the start of 2011 the accompanying manager training for the revised WCC Sickness Absence Policy was launched. This session was skill based and focused on the skills around having difficult discussions, managing return to works, etc rather than the process. The course will be provided on the corporate training menu.

For information on sickness absence, refer to the HR&OD Employee Sickness Management Report.

## **2.12 Control of Substances Hazardous to Health (COSHH)**

The Control of Substances Hazardous to Health Regulations (COSHH) are part of the Health and Safety law that deal with protecting employees (and others) from hazardous substances used and produced in the workplace.

2.12.1 There were no major COSHH incidents in 2011/12.

2.12.2 COSHH Officer Activity

The COSHH officer role is advisory and auditing and is responsible for enabling WCC to fulfil the requirements of the COSHH regulations, thereby reducing the risk of injury and ill health to employees and others.

The COSHH Officer processes have been reviewed and revised. The new process is more robust as the documentation and follow-ups have been improved, and the frequencies of visits have been amended to ensure they are risk based.

## **2.13 Occupational Health & Short Term Support and Counselling**

2.13.1 Occupational Health

From the 1<sup>st</sup> April 2009 Team Prevent started their contract as the occupational health provider for WCC.

The occupational health service provides pre-employment health assessment, management referrals, medicals, vaccinations, health promotion events, and health surveillance and monitoring where necessary. This is a proactive service to ensure that our employees are protected against risks of work-related ill health, to assist with reducing sickness absence, and to get people back to work sooner (through early intervention and rehabilitation). To assist with this proactive approach, Team Prevent works within the same HR function as the Corporate Health, Safety and Wellbeing Manager, health and safety staff; and Staff Care Service.

The F&RS have got their own in-house occupational health service which includes counselling support that is provided by the Staff Wellbeing Adviser & Counsellor.

### 2.13.1.1 Occupational Health Referrals

WCC OH referrals excluding F&R.

From 1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012 Team Prevent received 710 management referrals.

<b>Directorate (excluding F&amp;RS)</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
People Group - minus schools	522	480	404
People Group - WCC employed schools only	227	250	177
Communities Group	30	38	41
Resources Group	86	105	88
<b>Total</b>	<b>865</b>	<b>874</b>	<b>710</b>

The number of referrals has decreased by 18.8%. The reduced number is contributed by the change in school employer status (i.e. academies) and the change in employee base within WCC.

For those who were seen by Occupational Health, the top 5 reasons for new referrals are as follows:

- Musculoskeletal problems (n=154);
- Medical conditions (n=94); and
- Depression (n=70)
- Work-related stress (n=67).
- Non-Work Related Stress (n=32)

These top referral reasons correspond with the sickness absence reasons. Refer to the HR & OD Employee Sickness Management Report.

The Staff Health, Safety and Wellbeing Advisor will concentrate action planning efforts on these top 5 reasons where there are potential work related risk(s). To assist with this process, The Corporate Health, Safety and Wellbeing Advisor has requested that Occupational Health breakdown the musculoskeletal statistics into work related and non-work related. This will enable appropriate actions to be identified in relation to the risk/issue.

For non-work related issues, the Wellbeing intranet site and provision of information will continue to be provided and tailored according these statistics.

### 2.13.2 Short term support and Counselling Service.

For WCC staff this is provided by the Staff Care Service, with the exception of school employees and F&RS employees. This is because schools access an external counselling and support service via their HR Advisor; and F&RS access their Staff Wellbeing Adviser & Counsellor.

For 2011/12 the Staff Care Service received 219 new referrals (this is an increase of 5 new referrals compared to 2010/11). For 2010/11 the Staff Wellbeing Adviser & Counsellor (F&R) received 26 new referrals.

The top four reasons for referral to the Staff Care Service and the Staff Wellbeing Adviser & Counsellor within F&RS are as follows:

Presenting problem	Total Number Of cases	Work-related	Personal	Combination
Relationships/ Personal	28 <sup>^</sup>	11	16	1
Stress and anxiety	132 <sup>^</sup>	68	32	32
Depression	28 <sup>^</sup>	5	14	9
Bereavement	11 <sup>^</sup>	0	10	1

<sup>^</sup>These figures are the combined totals for WCC excluding schools as the Corporate Health, Safety & Wellbeing Manager doesn't have access to this data. These employees then receive an allotted number of one-to-one sessions (usually between 4 – 6 sessions)

It is important to remember that these statistics represent employees who have reached their own crisis point where they personally feel that they require some confidential advice and support.

Usually stress related issues are due to a combination of work-related and personal issues, for the purpose of this report we have recorded the number of referrals against the most prominent cause expressed at their session.

For this report these statistics have been provided purely as a means to identify trends and not individuals (which is why the data will not be broken down any further). When considering the statistics above it is worth noting that the Atherstone investigation within F&RS has been ongoing. In addition to this WCC has experienced a lot of organisational change, with some areas experiencing reduction in resources, change in roles and property. To proactively identify risk factors within work, a team/role stress risk assessment template has been developed in accordance with the HSE management standards. This has been promoted to managers, and the Tackling Work-Related Stress training course includes information on its application. For individual cases of stress, the HR Advisory Service, Health, Safety and Wellbeing Service, and Staff Care can and do advise as appropriate.

### 3.0 Corporate Priorities for 2012/13

The Corporate key performance indicators for the forthcoming year will ensure continuation of last year's efforts (refer to section 2.5.3).

Following the organisational restructure and the Health, Safety and Wellbeing Service restructure the priorities are as follows:

- Meet the Key Performance Indicator's for 2012/13
- Review and revise the vision, aim and objectives for the Service to ensure it meets the needs of WCC.
- Produce, implement and monitor health and safety action plans for each Group.
- Identify the strategic direction for occupational health and wellbeing (utilising the strategic level statistics for sickness absence, OH referrals, staff care, and incidents).
- Review and update the Health and Safety Workplace Inspection Policy so as to ensure a standardised, risk based, corporate approach to physical workplace hazard and risk identification and action planning.
- Review and revise the health and safety audit regime for WCC in preparedness for 2013-14.
- Review, revise and implement the Manual Handling Policy.
- To keep up to date with changes in legislation and communicate these changes within WCC as appropriate.
- Continue to develop the Corporate health and safety training provision (manual handling training for inanimate objects and personal safety/lone working to be added 2012/13)
- Strive for continuous improvements.

## **4.0 Conclusion**

This report has compiled all relevant and available statistics for occupational health, safety and wellbeing within WCC. The statistics demonstrate that the management of health, safety and wellbeing risks is essential and necessary.

Within health and safety nationally, there are changes being proposed and implemented, so WCC will need to monitor and implement changes as appropriate. The newly structured Health, Safety and Wellbeing Service has been set-up to provide resilience across the team, and to respond to changes and requests for advice and support organisationally. The change in post title and remit of the Staff Health, Safety and Wellbeing Advisor post is in recognition of the occupational health risks, and the proactive work that can be undertaken to improve health and safety for staff.

Focus will remain on improving the health and safety management system, and ensuring managers are aware of their roles and responsibilities and to implement an inspection and audit regime that is effective for WCC.

**Background Papers** (Please list below, with electronic links where applicable)

None applicable

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